MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/590423

FILING DATE

APPLICANT(S) (FOR USE WITH FORM PTO-875)

CLAIMS

IND. DEP. IND. DEP. IND. IND.	
1 1 2 1 3 1 4 1 5 1 6 1 7 1 8 1 9 1 10 1 11 1 12 1 13 1 14 1 15 14 16 14 17 1 18 1 19 1 20 2 21 2 22 2 23 24 25 2 26 2 27 28 29 30	
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IND. 0	
TOTAL DEP. 0 41 41 30	•
TOTAL CLAIMS 0 42 33	–

PTO - 1360 (REV. 04/2007)

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ** AMENDMENT	
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TOTAL IND.	0	-	0	•	0	•
TOTAL DEP.	0	4	0	←	0	←
TOTAL CLAIMS	0		0		0	

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